MedStar National
Rehabilitation Hospital

OT Level 1 Fieldwork Experience

Name: _____ **Dates of Fieldwork:** _____

Address and Phone while at MedStar NRH: _____

_____

Emergency contact(s) and phone number: _____

_____

1. **What are your expectations of this experience?**

2. **What are you looking forward to learning from this experience?**

3. **What are your concerns regarding this fieldwork?**

Please bring this completed questionnaire with you on your first day. If you have questions or would like to contact your clinical instructor prior to arriving, please feel free to call Neepa Shah, MedStar NRH student program coordinator for inpatient OT at 202-877-1509.